



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324


HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Mr. DOWNEN DOUGLAS TELEPHONE NUMBER _____

SUITE NO. / STREET ADDRESS TORRANCE CITY _____

DATE 6-13-94 TIME OF WASTE REMOVAL - GENERATOR SITE 8:55 TCI DRIVER PEPE

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS	EMPTY CONTAINERS	QTY
	EXCHANGED @ PICKUP	
	GENERATOR SIGNATURE <u>WDS</u>	DATE <u>6-13-94</u>
	WEIGHMASTER SIGNATURE	DATE
	T.C.I. FACILITY AUTHORIZED AGENT	DATE
NO. 53003	(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)	

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
GENERATORS-COPY